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**On the Treatment of Syphilis With Bismuth Salts**—Sazerac and Levaditi of the Pasteur Institute, Paris, have recently proposed the use of tartrobismuthate of potassium and sodium, containing approximately 50 per cent of bismuth, for the treatment of syphilis. In their preliminary work on rabbits (infected with *Spirochaeta pallida* and *S. cuniculi*) they found that the only safe and efficient method of administration was by the subcutaneous or intramuscular route. Intravenous injections were shown to be dangerous on account of the markedly toxic action of the drug. In order to decrease this danger as far as possible they substituted a suspension in oil of the drug for the watery solution. This was found to be the method of choice in the treatment of human cases on account of increased tolerance and less local reaction.

Fournier and Guenot have tested the value of this treatment of syphilis on a comparatively large scale and report the results of the treatment in about 200 cases.

In cases of primary sores the treponema disappeared as a rule after the second injection; in some cases even after the first. The small erosive chancres healed completely in a few days; the medium sized chancres in one to two weeks. The large or ulcerative chancres persisted about three weeks, but they lost rapidly their specific characters and soon appeared as ordinary lesions, the time of healing depending on the size of the individual ulcer.

The local induration and the adenopathy were influenced more rapidly by bismuth than by any other treatment and disappeared often completely within a few weeks. In no cases where the treatment was regular did secondaries appear. The Wassermann reaction became negative and remained so for the period of observation.

"In cases of secondary syphilis the mucous patches disappeared after the first or second injection. The hypertrophic patches dried up in a few days, faded and were reabsorbed in ten to twenty-five days, according to the amount of new tissue

formation. If the treatment was commenced during the appearance of the roseolar rash this was arrested in its development, sometimes after an exacerbation of twenty-four hours. Herxheimer's reaction might also appear near the papular syphilides. The simple roseolar rash usually disappeared in five or ten days; the papules took a little longer to be absorbed. The authors have seen a generalized miliary eruption and palmar syphilides, manifestations which, as is well known, are rebellious to specific treatment, disappear in two weeks.

The general secondary manifestations—headache, bone pains, etc.—always yielded to the first injection.

The authors mention eight cases which had not yielded to arsenical and mercurial treatment, but which readily responded to the bismuth treatment. They also had a case of acute syphilitic meningitis with all the characteristic symptoms. After four injections the clinical improvement was complete. After two weeks of treatment the lymphocytes in the spinal fluid had been reduced from 400 to 7 per cubic millimeter.

Lesions of tertiary syphilis, bumata, osteoperiostitis and ulcers yielded, as a rule, very rapidly to treatment. In cases of visceral and nervous lesions the time allotted to treatment has been too short to enable the authors to express an opinion.

After the first two or three injections of 0.20 gram, a bi-weekly injection of 0.30 gram seems to be good practice. Two to three grams should be injected during a month.

After the first series of injections the treatment could be continued with a single weekly injection of 0.20 to 0.30 gram, or be suspended for a month to be recommenced again in the same manner as described above.

One should follow the progress of the treatment by repeated examinations of the blood and check up every case at subsequent regular intervals.

With regard to untoward effects of this treatment the authors state that they have given over 1500 injections without having experienced any really important mishap.

In cases of grave visceral lesions, and especially where the renal function is impaired, one should proceed with caution. A slight elevation of the temperature was seen in some cases the day after injection, accompanied with pain in the back, but no general reaction was observed. After the first four injections a moderate polyuria occurred in a few instances. The only two manifestations that might cause some trouble are local reactions and the stomatitis. The former were seen in a few patients who walked too much immediately after the treatment. The tendency to stomatitis can be very well controlled by hygienic measures of the mouth. In a few cases dark spots of bismuth impregnation were seen on the mucous membrane of the mouth.

The bismuth has been recovered from the blood and cerebrospinal fluid and has been shown to be eliminated through the saliva, bile, feces, sweat and urine.

The authors state that bismuth undoubtedly is a most energetic anti-syphilitic agent, having particularly marked effect not only on the infectious manifestations of the disease, but also on the Wassermann reaction. They conclude, however, that time only will tell if this drug will prove to be of value in the radical cure of syphilis.—United States Naval Medical Bulletin.

#### CORRECTION

In the article on "Intra Vitam Bone Marrow Puncture in Pernicious Anemia," by Falconer and Morris (published in the November Journal), the statement was inadvertently omitted by the authors that the work was from the Medical Department